

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Agan for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Craig Agan

Political Party (if applicable)

Republican

Office Sought

Supervisor

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
 REPORT

For Office Use Only

Comm. # 18569

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Craig Agan

641-828-7963

January 16, 2015

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

January 19, 2015

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED

Local Committees, enter Date of Election

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

County & Local Committees, enter County in which Election is held

Marion

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 100.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

100.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

50.00

50.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

COMMITTEE NAME (Must be same as on Statement of Organization)

Agan for Supervisor

| DATE<br>EXPENDED<br>(MM/DD/YR)        | CANDIDATE<br>ID NUMBER<br>(If applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION) | AMOUNT<br>EXPENDED |
|---------------------------------------|---|--|-----------------------------------|--------------------|
| 1-16-15                               | ID# 115<br>CK# Bank transfer  | Craig Agan<br>1902 W Grandview Dr<br>Knoxville, TN 37188           | Repay contribution                | \$ 50.00           |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
| SUB-TOTAL                             |   |  |                                   | \$ 50.00           |
| TOTAL (if last page of this schedule) |   |  |                                   | \$ 50.00           |

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Agan for Supervisor

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

| DATE<br>RECEIVED<br>(MM/DD/YY) | NAME AND ADDRESS<br>OF CONTRIBUTOR                       | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION<br>OF IN KIND<br>CONTRIBUTION | ESTIMATED<br>FAIR MARKET<br>VALUE | ✓ IF FOR<br>FUND-RAISER<br>CONTRIBUTION |
|--------------------------------|--|---|---|-----------------------------------|---|
| 1-16-15                        | Craig Agan<br>19020 W Grandview Dr<br>Knoxville TN 37138 | Same  | Loan<br>Forgiveness                       | \$ 50.00                          | <input type="checkbox"/>                |
| 1-16-15                        | Craig Agan<br>19020 W Grandview Dr<br>Knoxville TN 37138 | Same  | Unpaid<br>Bills                           | 2563.63                           | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |
|                                |  |   |   |                                   | <input type="checkbox"/>                |

SUB-TOTAL

\$ 2613.63

TOTAL (if last

\$

page of this

schedule)

2613.63

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Agan for Supervisor

SCHEDULE

F

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAY☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 50.00

## PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED<br>(MM/DD/YR) | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, if Applicable) | RELATIONSHIP TO<br>CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|-----------------------------|--|---|----------------|
|                             |  |   | \$             |
|                             |  |   |                |
|                             |  |   |                |
|                             |  |   |                |

TOTAL (PART I)

\$ 0.00

## PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-Kind Contributions.)

| DATE PAID<br>(MM/DD/YR) | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, if Applicable) | RELATIONSHIP TO<br>CANDIDATE* (If Applicable) | AMOUNT REPAY |
|-------------------------|--|---|--------------|
| 1-16-15                 | Chalg Agan<br>1902 W Grandview Dr<br>Knoxville Ia 50138                | Same  | \$ 50.00     |
|                         |  |   |              |
|                         |  |   |              |
|                         |  |   |              |

TOTAL CASH REPAYMENTS (PART II)

\$ 50.00

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 50.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0.00

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(for Schedule F)